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## CHATTERTON'S SYPHILIS

Systematic reviews on references to the venereal diseases in the literature have been published by J. D. Rolleston (1942) and by Sir D'Arcy Power (1938) in this *Journal*. Apart from extensive allusions to syphilis in MacLaurin's *De Mortuis*, a series of medico-historical essays by a medical man, I can only instance the discussion on gonorrhoea in Ernest Hemmingway's *Farewell to Arms*, and a bare reference to syphilis in Siegfried Sassoon's poem *They*, a description of the aftermath of the war of 1914-18. The unwillingness to break a taboo, or in some cases the commonness of infection as suggested in Broch's *The Sleep Walkers* may explain this paucity of allusions to the venereal diseases. It is possibly a reflection of the present enlightment that more than a casual reference to syphilis is to-day permissible in such works as Neil Bell's *Cover His Face* (1943).

To most of us Thomas Chatterton, "The Marvellous Boy of Bristol," died on 24th August, 1770, in poverty, a suicide from arsenical poisoning. It is surprising to learn from Bell that Chatterton died from arsenical poisoning in the self treatment of his syphilis.

Born in 1752, Chatterton acquired syphilis early in 1769. He could not afford the Greek Water, sold under patent granted to its inventor by George II, at half-a-guinea a bottle, and bought various cheap quack nostrums the only effect of which was to upset his stomach. After drinking large quantities of the Hot Well Water, which it was claimed had been efficient in many cases, without even temporary relief, Chatterton sought orthodox medical treatment, underwent the ordeal of three weeks' painful and distressing salivation, and by the middle of March his cure was pronounced complete. On 24th April Chatterton, having successfully forced the cancellation of his indentures as a scrivener, departed to pursue his literary career in London.

On 21st July, 1770, he found himself once again in the grip of the foul disease. He was uncertain whether it was a reinfection or a relapse. He would not undergo again the ordeal of salivation. He would follow Paracelsus's treatment —fasting, complete abstinence from strong liquor and the taking of arsenical water. Chatterton ate little but fruit, took the arsenical water in increasing doses, and stayed the severe purging and vomiting with opium stick. Despite heroically increased dosage the malady gained ground. He died on 25th August, 1770, leaving the world potentially much poorer in poetry.

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**Investigation upon jaundice incidence**

The increase in incidence of different forms of jaundice in Great Britain has become of considerable interest to the Ministry of Health at whose request the Medical Research Council, acting in consultation with the War Office, are undertaking a special investigation into the subject. The direction of the enquiry, under the chairmanship of Professor L. J. Witts, is in the hands of a committee of the Council with headquarters at the Department of Pathology, University of Cambridge. The team consists of five whole-time members, namely Dr. F. O. MacCallum (senior bacteriologist), Major C. Wilson, R.A.M.C. (physician), Capt. J. A. R. Miles, R.A.M.C. (clinical pathologist), Dr. A. M. McFarlan (epidemiologist), and Dr. M. R. Pollock (assistant bacteriologist).

(Special Report, Medical Research Council, 1922.) Although the incidence of jaundice was not high, in thirty-seven cases among 2,933 men undergoing antisyphilitic treatment with arsphenamine compounds, the intensity of the jaundice was severe compared with jaundice at the present time. There were fifteen fatalities among the thirty-seven cases. After an initial case of jaundice appeared in April the bulk of the subsequent cases occurred in October and November during which months there was a small outbreak, fifteen cases—apparently of catarrhal jaundice—among the school children in the Cherryhinton district. None of the cases proved fatal. The distribution of the military cases as regards housing presented some features of interest. The bulk of the cases were in patients in adjacent huts. Cases of jaundice did not occur among the large number of gonorrhoea patients who were housed in huts in separate lines in the vicinity.

The well known observations of Ruge (1932) on the incidence of all types of jaundice in the personnel of the German Navy, especially during the years 1919-29, have added considerable strength to the suspicion that some infective agent plays an important part in the production of arsphenamine jaundice. The remarkably parallel rise and fall of catarrhal jaundice and of post-arsphenamine jaundice is strikingly shown in his figures and graphs. Ruge appears convinced of the necessity for recognizing the additional part played by some infective factor and inquired closely into the possibility of simultaneous infection with one of the enteric group of fevers but failed to arrive at any positive conclusion.

More recently there has been some further support for the suggestion that some toxic agent in human blood serum, presumably of the nature of a virus, may give rise to jaundice subsequent upon the parenteral introduction of serums or vaccines. A disturbing incidence of delayed jaundice after the inoculation of United States troops with certain batches of yellow fever vaccine was reported last year (Editorial, 1942). The preparation of the vaccine involved the use of human serum, and heating of the serum component in subsequent batches to 50-60°C. for 30 minutes has apparently been effective in preventing any further occurrence of jaundice in many thousands of soldiers inoculated since that period. In Great Britain British troops have developed jaundice after the injection of mumps convalescent serum. Measles serum hepatitis in schoolchildren was the subject of a Special Article (1943) prepared by medical officers of the Ministry of Health, which also refers to cases of jaundice after blood transfusion.

The importance of diet in relation to arsphenamine jaundice has been under discussion for many years. Formerly a high carbohydrate diet was considered essential and additional glucose, often by the intravenous route, has been extensively employed during and before treatment. Since the work of Craven, Junr. (1931) on the protective value of a high protein diet there has been a steady exploration of the value of various protein derivatives for this purpose. More recent investigations emphasize strongly the importance of sulphur metabolism in maintaining the integrity of the hepatic cells and in particular the high defensive value of choline and methionine is stressed by the investigations of Best (1941), of Miller and Whipple (1942) and of György and Goldblatt (1942). The part played by dietary deficiencies in the production of arsphenamine jaundice is discussed fully elsewhere in this issue of the *Journal* and provides a comprehensive and up-to-date review of the whole subject.

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